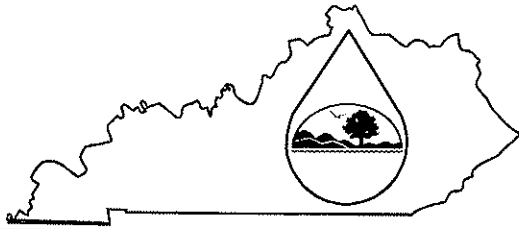


KPDES FORM HQAA
**Kentucky Pollutant Discharge
Elimination System (KPDES)**
High Quality Water Alternative Analysis

The Antidegradation Implementation Procedures outlined in 401 KAR 5:030, Section 1(3)(b)5 allows an applicant who does not accept the effluent limitations required by subparagraphs 2 and 3 of 5:030, Section 1(2)(b) to demonstrate to the satisfaction of the Environmental and Public Protection Cabinet that no technologically or economically feasible alternatives exist and that allowing lower water quality is necessary to accommodate important economic or social development in the area in which the water is located. The approval of a POTW's regional facility plan pursuant to 401 KAR 5:006 shall demonstrate compliance with the alternatives analysis and socioeconomic demonstration for a regional facility. This demonstration shall also include this completed form and copies of any engineering reports, economic feasibility studies, or other supporting documentation

I. Permit Information

Facility Name:	Cumberland River Coal Company #867-5291, Am. #3	KPDES NO.:	KY0003727
Address:	P.O. Drawer 109, Route 603, Dunbar Rd.	County:	Letcher
City, State, Zip Code:	Appalachia, VA 24216	Receiving Water Name:	Franks Creek

II. Alternatives Analysis - For each alternative below, discuss what options were considered and state why these options were not considered feasible.

1. **Discharge to other treatment facilities.** Indicate which treatment works have been considered and provide the reasons why discharge to these works is not feasible.

See Attachment II.1.A

2. **Use of other discharge locations.** Indicate what other discharge locations have been evaluated and the reasons why these locations are not feasible.

See Attachment II.2.A

II. Alternatives Analysis - continued

3. **Water reuse or recycle.** Provide information about opportunities for water reuse or recycle at this facility. If water reuse or recycle is not a feasible alternative at this facility, please indicate the reasons why.

See Attachment II.3.A

4. **Alternative process or treatment options.** Indicate what process or treatment options have been evaluated and provide the reasons they were not considered feasible.

See Attachment II.4.A

II. Alternatives Analysis - continued

5. **On-site or subsurface disposal options.** Discuss the potential for on-site or subsurface disposal. If these options are not feasible, then please indicate the reasons why.

See Attachment II.5.A

6. **Evaluation of any other alternatives to lowering water quality.** Describe any other alternatives that were evaluated and provide the reasons why these alternatives were not feasible.

See Attachment II.6.A

III. Socioeconomic Demonstration

1. State the positive and beneficial effects of this facility on the existing environment or a public health problem.

See Attachment III.1.A

2. Describe this facility's effect on the employment of the area

See Attachment III.2.A

3. Describe how this facility will increase or avoid the decrease of area employment.

See Attachment III.3.A

4. Describe the industrial or commercial benefits to the community, including the creation of jobs, the raising of additional revenues, the creation of new or additional tax bases.

See Attachment III.4.A

5. Describe any other economic or social benefits to the community.

See Attachment III.5.A

III. Socioeconomic Demonstration - continued

- | | <u>Yes</u> | <u>No</u> |
|--|-------------------------------------|-------------------------------------|
| 6. Will this project be likely to change median household income in the county? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Will this project likely change the market value of taxable property in the county? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Will this project increase or decrease revenues in the county? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Will any public buildings be affected by this system? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

10. How many households will be *economically* or *socially* impacted by this project? 193 (direct and indirect)

11. How will those households be *economically* or *socially* impacted? (For example, through creation of jobs, educational opportunities, or other social or economic benefits.)

See Attachment III.11.A

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|-------------------------------------|
| 12. Does this project replace any other methods of sewage treatment to existing facilities?
(If so describe how) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- | | <u>Yes</u> | <u>No</u> |
|--|-------------------------------------|--------------------------|
| 13. Does this project treat any existing sources of pollution more effectively?
(If so describe how.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

See Attachment III.13.A

III. Socioeconomic Demonstration - continued

- | | <u>Yes</u> | <u>No</u> |
|--|-------------------------------------|--------------------------|
| 14. Does this project eliminate any other sources of discharge or pollutants?
(If so describe how.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

See Attachment III.14.A

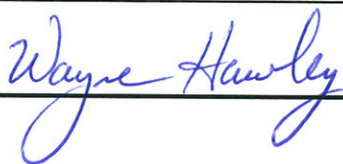
15. How will the increase in production levels positively affect the socioeconomic condition of the area?

See Attachment III.15.A

16. How will the increase in operational efficiency positively affect the socioeconomic condition of the area?

See Attachment III.16.A

IV Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Title:	Wayne Hawley, Attorney-in-Fact	Telephone No.:	(276)679- 4983
Signature:		Date:	3-23-09